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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	
	Filing Date	
	First Named Inventor	DAVID M. SOLAK
	Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached \$490.00 <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <div>Remarks</div>	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Individual name	David M. Solak	
Signature		
Date		

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	DAVID M. SOLAK	
Signature	David M. Solak	Date Mar 1, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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22783 U.S. PTO

030404

PTO/SB/06 (07-03)

Approved for use through 7/31/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>PATENT APPLICATION FEE DETERMINATION RECORD</b>						Application or Docket Number			
Substitute for Form PTO-875									
<b>CLAIMS AS FILED – PART I</b>									
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY			
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE	RATE	FEE		
BASIC FEE (37 CFR 1.16(a))	10 - \$385.00				\$385		\$		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 = -10			X \$		X \$			
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 = -1			X \$		X \$			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ \$		+ \$			
				TOTAL	\$385.00	TOTAL			
<small>* If the difference in column 1 is less than zero, enter "0" in column 2.</small>									
<b>CLAIMS AS AMENDED – PART II</b>									
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE		
	Total (37 CFR 1.16(c))	Minus **	=	X \$		X \$			
	Independent (37 CFR 1.16(b))	Minus ***	=	X \$		X \$			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+ \$		+ \$			
				TOTAL ADD'L FEE		TOTAL ADD'L FEE			
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE		
	Total (37 CFR 1.16(c))	Minus **	=	X \$		X \$			
	Independent (37 CFR 1.16(b))	Minus ***	=	X \$		X \$			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+ \$		+ \$			
				TOTAL ADD'L FEE		TOTAL ADD'L FEE			
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE		
	Total (37 CFR 1.16(c))	Minus **	=	X \$		X \$			
	Independent (37 CFR 1.16(b))	Minus ***	=	X \$		X \$			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+ \$		+ \$			
				TOTAL ADD'L FEE		TOTAL ADD'L FEE			
<small>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</small>									

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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David M. Solak  
4805 Maple Hill Drive  
Seven Hills, Ohio 44131-5916  
March 1, 2004

To the USPTO,

I respectfully assert small entity status and would like to have the benefits of such a title including the fee payment category and all the privileges that come with the title.

Sincerely,

David M. Solak

David M. Solak